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Country programme recommendation**

United Republic of Tanzania

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of the United Republic of Tanzania for the period 2002 to 2006 in the amount of $37,793,000 from regular resources, subject to the availability of funds and $110,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendun are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of the recommendations for regular resources and other resources programmes (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The main features of the situation of children and women in the United Republic of Tanzania remain as described in the country note presented to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.8). HIV/AIDS continues to adversely affect everyone in the country, with predominant effects on the youth, especially girls. For many girls aged 12 to 19 years, transactional — usually unprotected — sex is a major socio-economic coping strategy. In some communities, over 40 per cent of children have been orphaned, almost all are cared for by their extended family, and increasing numbers of families care for children from more than one bereaved home.

2. One of the poorest countries in the world, the United Republic of Tanzania hosts the largest number of refugees in Africa, creating a major burden on its infrastructure and environment and hampering development of the affected communities. Furthermore, refugees and their hosting communities suffer high risks of HIV/AIDS, driven by the conflict in the Great Lakes region and inadequate socio-economic safety nets. The country often suffers from droughts affecting more than 11 million people, and recurrent floods also affect several million.

3. The increased attention to poverty and the analytic work conducted for the Tanzania Assistance Strategy (TAS) and the Poverty Reduction Strategy Paper (PRSP) have led to a greater understanding of what is needed to provide effective support for poor children, their families and communities, not only in financial management, but also in addressing their needs and rights. Funds released as a part of the Heavily Indebted Poor Countries (HIPC) initiative — amounting to 0.7 per cent of gross domestic product — will be allocated through regular government budgetary processes to priority actions in priority sectors. As a result, budgetary allocations for education and health, including medical supplies and drugs, will be increased in the next financial years.

4. The under-five mortality rate (U5MR) in the United Republic of Tanzania is now estimated to be 165 per 1,000 live births and rising — with HIV/AIDS a major factor — erasing a pattern of steady reduction registered since the mid-1950s. In rural areas, more than 8 out of 10 children die at home, about one half of them having had no contact with the health system. Fewer women deliver their babies at health facilities now compared with 10 years ago, a factor contributing to an estimated annual 9,000 maternal deaths and about 200,000 significantly handicapped women. The main obstacles to accessing health care include: unaffordable cost-sharing arrangements; poor quality of services; and household poverty, which inhibits appropriate caring practices.

5. HIV/AIDS, malaria, malnutrition, hygiene-related conditions, respiratory infections and low birth weight are significant contributors to the burden of disease in the country. Only 56 per cent of rural households report the use of safe drinking water. While 84 per cent of households report the use of a sanitary means of excreta disposal, the effectiveness of sanitation in disease prevention stands at only 30 per cent. No wild polio case has been reported since 1996, but the situation remains precarious because of the high-risk population groups in the conflict-ridden Great Lakes region.

6. Child malnutrition, reduced in the 1980s and early 1990s, continues to be a major cause of morbidity and mortality, driven by improper complementary feeding,

high prevalence of low birth weight (14 per cent), poor maternal nutrition and high prevalence of infectious diseases. Almost 30 per cent of children under five years old are moderately or severely underweight for their age, and 44 per cent are stunted (low height for age), a reflection of chronic malnutrition.

7. Widespread poverty and HIV/AIDS continue to generate rapidly growing numbers of very vulnerable children who lack adequate care, are subjected to physical and sexual abuse, and are forced to engage in hazardous or exploitative work and to live on the streets. Young people are faced with increased risk of HIV/AIDS infection, inadequate systems for formal education, few livelihood opportunities and general exclusion from decision-making processes. A generation divide is becoming apparent as young people, without recognized status in the society, lack access to the means of generating independent income in their home areas and have inadequate skills for formal employment.

Programme cooperation, 1997-2001

8. The 1997-2001 country programme (E/ICEF/1996/P/L.7/Add.1) was implemented during phases of transition for both the Government and the United Nations, which included: the adoption of TAS as the Government's strategy for development cooperation with partners; the establishment of various policy reform processes; steps by the Government to gain more control of development coordination; and the country's qualifying for the enhanced HIPC initiative. The United Nations Development Assistance Framework (UNDAF) was formulated to ensure harmonized and complementary United Nations programmes effective 2002.

9. The 1997-2001 country programme originally had seven programmes, which were reduced to six during the 1999 mid-term review (MTR), namely: analysis, monitoring, communication and advocacy; community capacity-building; early childhood care (ECC) for survival, growth and development; basic education and life skills for adolescents; the refugee emergency; and Zanzibar.

10. Many of the goals set under the past programme could not be realized as the level of socio-economic deterioration and reversals was quite significant. Critical progress, however, was made in terms of process as well as within specific outcome areas. The analysis, monitoring, communication and advocacy programme supported the development of the child policy, the formulation of TAS, preparation of the report on the Convention on the Rights of the Child and the preparatory process towards the United Nations General Assembly Special Session on Children. The decentralization and community development programme supported the local government reform process in establishing community-centred participatory planning processes in more than 4,800 villages and established community dialogue processes. The early childhood development (ECD) programme supported health sector reforms (in the context of the sector-wide approach), through defining systems for improving the quality of care at health facilities as well as the focus on home care and care-seeking practices. Among the main achievements, it supported immunization, malaria control, expansion of participatory hygiene and sanitation transformation, expansion of the Integrated Management of Childhood Illness (IMCI) initiative, universal salt iodization (USI) initiatives and vitamin A supplementation. The basic education and life skills for adolescents programme supported school mapping, established complementary basic education, and

supported primary and teacher-training curricula reviews and the development of community-based manuals for training school committees, ward education coordinators and teachers.

11. The HIV/AIDS prevention and care project was expanded in the latter part of the programme and made major inputs in reaching young people with life skills, peer education and other youth-to-youth communication methodologies, including community theatre. Within the Joint United Nations Programme on HIV/AIDS, UNICEF played a key role in developing an expanded and integrated community response to HIV/AIDS drawing on the experiences of TANESA, German Technical Cooperation and its own participatory experiences. The country programme also supported the establishment of five pilot centres for the prevention of parent-to-child transmission of HIV, paving the way for expansion in the country. The refugee emergency programme provided humanitarian assistance to over 500,000 refugees in western Tanzania, focusing on children and women. In Zanzibar, despite continued political tension, UNICEF and the other United Nations agencies made significant contributions leading to decreases in the infant mortality rate (IMR) and U5MR, and increased enrolment in the education sector. UNICEF also made substantial contributions in malaria control, IMCI, HIV/AIDS prevention and nutrition-related activities.

12. The review of the United Republic of Tanzania's report to the Committee on the Rights of the Child took place on 1 June 2001. The Committee took note of the efforts made to revise state laws in accordance with the principles and provisions of the Convention on the Rights of the Child. While noting the serious constraints due to poverty, HIV/AIDS and the refugee influx, it encouraged the Government and partners to accelerate efforts in critical areas of social services and child protection, and in monitoring the fulfilment of children's rights.

Lessons learned from past cooperation

13. In addition to the lessons in the country note, discussions with different groups of people in selected communities during the process of formulating this country programme brought out four fundamental issues: livelihood; governance; participation; and access to essential basic services. Communities underlined that these issues were key to their realization of human rights.

14. Poverty reduction is seen as the foundation to sustainable human development. Through participation in TAS, PRSP, UNDAF and related processes, UNICEF and partners have raised the political profile of children and adolescents. This has been possible by bringing to bear UNICEF experience with direct support for capacity development in families, communities, local authorities and community-based/non-governmental organizations. As a result, the importance of children's rights has been given more attention in high-level advocacy and policy development. Children's participation has been crucial in this process.

Recommended programme cooperation, 2002-2006

Regular resources: $37,793,000

Other resources: $110,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Analysis, monitoring, communication and advocacy	4 000	2 500	6 500
Decentralization and community development	7 949	7 474	15 423
Early childhood development	6 621	35 000	41 621
Basic education and life skills for adolescents	6 380	42 500	48 880
Emergency preparedness and response	2 000	15 000	17 000
Zanzibar	5 000	5 000	10 000
Cross-sectoral costs	5 843	2 526	8 369
Total	**37 793**	**110 000**	**147 793**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

15. The MTR in 1999 led to the reorganization of the country programme around life cycles rooted in community-centred capacity development. The process was iterative to and influenced by the four strategic objectives of UNDAF: capacity development for the management of poverty reduction; universal and equitable access to quality services for the poor; an enabling environment for democratic, transparent, people-centred and community-driven development; and an enabling environment for strong and sustainable economic growth with equity. The United Nations system agreed to focus on six main areas: HIV/AIDS prevention and care; poverty monitoring; participatory community-driven planning; health; education; and food and income security. The first three will receive collective support from all United Nations agencies and the last three by agencies that conventionally work together in these areas.

16. The final formulation process for the present country programme involved over 200 professionals, including young people who interacted with selected communities and local governments to assess and analyse the situation of children in the country. This analysis led to the strategic framework, adopted in October 2000 and summarized in the country note, and the content of the programme, as adopted in April 2001. The Executive Board's comments on the country note helped to sharpen the focus of the country programme recommendation.

Country programme goals and objectives

17. The overall country programme goals are: (a) to create and sustain an environment which places priority on the rights of children; recognizes and respects their right to a dignified and productive existence; ensures their survival, protection, development and participation; and improves their prospects for social and economic advancement; and (b) to realize children's rights by strengthening capacities of actors at different levels to respect, protect, promote and fulfil these rights.

18. Specific quantitative targets, provided by the United Republic of Tanzania's Poverty Reduction Strategy, the HIV/AIDS control programme and Development Vision 2025, are to: (a) reduce IMR to 85 per 1,000 live births by 2003, to 50 by 2010 and to 20 by 2025; (b) correspondingly reduce U5MR to 127 per 1,000 live births by 2003; (c) reduce the maternal mortality ratio from 529 to 450 per 100,000 live births by 2003; (d) reduce new HIV infections by 25 per cent; (e) reduce the prevalence of stunting in children under five years old to 20 per cent and wasting to 2 per cent; and (f) increase gross school enrolment to 85 per cent and net enrolment to 70 per cent by the year 2003. The UNICEF contribution will be especially significant in the selected intensive learning districts.

Relation to national and international priorities

19. The country programme is consistent with UNICEF Eastern and Southern Africa regional strategies of the rights-based approach to programming and community-centred capacity development as well as priorities, especially the focus on HIV/AIDS, malaria control, emergency preparedness and response, basic education, immunization, nutrition and children in need of special protection. UNICEF support will be provided in the context of UNDAF, within the framework of TAS. The country programme will support national development goals and contribute to poverty reduction as described in the PRSP, the Development Vision 2025 for Tanzania and Vision 2020 for Zanzibar. Through its individual programmes, the country programme will also apply regional and global strategies and commitments to children by promoting means of realizing their rights.

Programme strategy

20. The strategic focus will be on families and communities as the primary duty bearers of children and the development of their capacities to make informed decisions and take appropriate actions. Special emphasis will be made consistently to enhance their capacity to reduce the prevalence and impact of HIV/AIDS. The country programme will support policy and legal reform processes as well as advocacy for children's rights through networking, partnership and direct support to critical government functions. Partnerships at the policy level will be achieved through donor coordination forums, public expenditure reviews, sector reviews, thematic conferences, the UNDAF process and annual reviews. The aim will be to influence attention to children in policy, legal and budgetary processes as well as leverage of resources for children.

21. The country programme will focus on critical outcome areas in order to significantly improve the lives of children. These outcome areas are: (a) improvement of ECC; and (b) improving access for school-age children to quality basic education, as well as psychosocial and organizational support that will enhance their life skills and livelihoods to support them through adolescence and in the transition to adulthood. The country programme will facilitate the process of broadening alliances among and within civil society organizations, including community-based and non-governmental organizations, with the aim of overcoming the HIV/AIDS denial and generating an expanded response to the pandemic.

22. Geographically, the country programme has adopted a three-tier strategy. The first tier supports all Tanzanian children through some fundamental actions such as immunization, USI, advocacy for children's and women's rights, and policy and systems developments. The second tier focuses on 57 Mainland and all the 10 Isles districts through community-based initiatives such as strengthened participatory planning, community dialogue processes and effective community-based information systems. The third tier constitutes 15 of the 57 intensive learning districts on the Mainland and 4 of the 10 Isles districts where UNICEF focuses its innovations to produce "good practice" lessons that can be verified, documented and adopted at the policy level for national application. These districts have been identified through a consultative process among the Government, UNICEF and other partners to ensure geographical representation.

23. Strong collaboration with multilateral and bilateral partners will be pursued in promoting strategic sector-wide and comprehensive district programming approaches. The country programme will work closely with local government reform to ensure that community planning processes are inclusive of children and other vulnerable and marginalized people.

24. **Analysis, monitoring, communication and advocacy**. This programme aims to mainstream the rights of children into policies and national budgeting processes to ensure increased allocations of national resources for children. The programme will also build capacity for policy analysis and monitoring, with the involvement of organizations of children, young people and civil society. This will be achieved through: (a) supporting policy analysis and research, documentation and popular dissemination of information about the impact on the rights of children and women of macro-policies and reform processes, and using the information to advocate for more resources for children; (b) strengthening monitoring systems and evaluations in programmes for children and women, and supporting the national poverty monitoring systems and public expenditure reviews; (c) institutionalizing children's voices in national debate, and strengthening organizations of civil society working with children at the national level; (d) supporting communication around the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women; (e) promoting a code of conduct in mass media which respects and advocates children's and women's rights; (f) promoting participatory approaches involving young people in policy formulation and reviews as well as in public events; and (g) enhancing the focus on HIV/AIDS in all development planning and budgeting processes. A key tool for this work will be TanInfo, the Tanzanian adaptation of ChildInfo.

25. **Decentralization and community development**. This programme aims to improve community development processes and systems in order to ensure good

governance, enhanced community participation and improved community-based systems for vulnerability analysis and mapping as well as social security in the context of local government reforms and human rights principles. The programme will achieve these through: (a) strengthening inclusive participatory planning processes; (b) strengthening community-based information systems and birth registration; (c) promoting child-centred community dialogue initiatives for care and protection; and (d) strengthening community response to HIV/AIDS.

26. **ECD**. This programme aims to enhance maternal well-being and achieve the best possible start for growth and development for all children in the country so that they reach the age of seven years physically and mentally healthy, well nourished and enabled to maximize the opportunities for learning, education and holistic personal development in later years. The programme will seek to improve the care of the sick and vulnerable child through efforts to enhance timely recognition of illnesses as well as improved home-based care, care-seeking and compliance, along with efforts to improve the quality of care at health facilities. Preventive efforts at family and community levels will be supported through improved access to safe water, improved hygiene practices, malaria prevention, immunization, and infant and young child feeding and care to prevent protein-energy malnutrition, control micronutrient deficiencies, community-based growth monitoring and promotion, and early identification of disabilities. Emotional and psychosocial care will be enhanced through improvements in parenting skills with a focus on early cognitive and psychosocial stimulation, early learning opportunities and perceptions of play. The programme will achieve these aims through: (a) supporting convergent and community-driven interventions aimed at maximizing outcome impacts on mortality, birth weights and nutritional status; (b) strengthening HIV/AIDS prevention and care in all interventions; (c) fostering enhanced community dialogue initiatives aimed at improving prevention and care-seeking practices; and (d) creating an enabling policy environment so that policies mainstream lessons learned.

27. **Basic education and life skills for adolescents**. This programme aims to: (a) achieve a society in which young people thrive and are respected, recognized and valued; (b) provide environments — at home, at school and at work — that support children and young people's personal development and growth; and (c) develop the capabilities of young people and opportunities for them to use these opportunities to thrive and contribute. The programme will also focus on the personal development of the child, adolescent and youth with respect to life skills, continuing education and livelihood improvement. The programme objectives will be accomplished through: (a) supporting communities to mainstream social service provision through strengthening village health, social service and school committees and their ability to respond in gender-sensitive and youth-focused ways; (b) increasing the opportunities of young people and children to participate in and influence information flow on matters affecting them, including basic service provision; (c) strengthening community-level safety nets and rehabilitation mechanisms for children and young people who do not have the necessary family care and support; (d) promoting child-friendly schools with improved learning and teaching environment and opportunities; (e) advocating for and supporting government initiatives to provide equitable access to quality basic education, accelerate progress towards universal primary education, and fulfil the country's treaty commitments to the two Conventions as well as Education for All and the Dakar Framework 2000; (f) increasing continuing education opportunities for people of primary school-age

and exploring ways to enhance their livelihood; and (g) increasing access of children and young people, both in and out of school, to life skills training and other personal development and psychosocial support.

28. **Emergency preparedness and response**. This programme seeks to ensure that the rights of children and women are fulfilled and protected before, during and after emergency situations. In addition to the ongoing response to the large refugee emergency, the programme seeks to build on local capacities and coping skills that are known to work, while developing new capacities as may be required. The objectives will be achieved through: (a) mainstreaming vulnerability analysis and mapping, as well as emergency preparedness and response, into development planning processes at all levels; (b) focusing on groups that are most vulnerable before the crisis as the groups that must have the first claim on emergency interventions as they are the ones whose rights are most threatened; (c) identifying local coping mechanisms as the first line of preparedness and seeking to fill the gaps through the development of local capacities; (d) building onto preparedness measures and ongoing initiatives as the first level of response with triggers signalling the shift from preparedness to response, as well as linking the response to longer-term sustainable development efforts; (e) ensuring that emergency preparedness and response activities mainstream HIV/AIDS prevention and care; and (f) ensuring that humanitarian response to the refugee emergency continues to meet the urgent needs of children with dynamic contingency plans that adapt to changing scenarios and implications for response.

29. **Zanzibar**. This programme aims to ensure progressive realization of the rights of Zanzibari children and women in both Unguja and Pemba. The programme will focus on the improvement of maternal and foetal outcome, promoting the prevention of common childhood illnesses, improving infant and child nutrition, and facilitating early recognition of illness and appropriate care-seeking practices as well as compliance. It will also promote psychosocial stimulation and early learning. For older children and adolescents, the programme will seek to expand enrolment, improve the quality of education and enhance life skills education through school-based and out-of-school approaches. The programme will achieve these objectives through: (a) facilitating the process of monitoring and reporting on implementation of the two Conventions and the successor to the Zanzibari National Programme of Action for Children; (b) using national events, such as the Day of the African Child and the Zanzibar International Film Festival, to enhance the position of children on the national development agenda; (c) strengthening capacities of actors at national, district and *shehia* (community) levels to ensure convergent strategies for realizing children's and women's rights; (d) fostering programme communication approaches with relevant dialogue processes to help families/communities to take informed control of their welfare and development; (e) facilitating improved access to and quality of basic services, including health, education, welfare and recourse to justice; (f) facilitating the development of systems and structures to enhance governance, participatory planning and social security; (g) building partnerships, networks and collaboration with bilateral, multilateral, non-governmental and community-based organizations, and fostering common standards of assessment, analysis and action; (h) mainstreaming vulnerability mapping, emergency preparedness and response into all development plans; (i) fostering the participation of children and young people in development programmes and decision-making

processes; and (j) supporting data-based policy research, analysis, development and reform.

Monitoring and evaluation

30. The country programme process will be monitored semi-annually through joint reviews at district and national levels. Financial and supply monitoring will be enhanced and supported by the district support unit set up under the decentralization and community development programme. The Country Programme Steering Committee (CPSC), which meets once a year, and the National Technical Review Committee (NTRC), which meets twice a year, will review programme indicators and define steps for improving outcomes. The CPSC will also oversee the assessment of the programme at the MTR.

31. Implemented with the National Bureau of Statistics, other national, regional and district partners, research institutions and NGOs, the integrated monitoring and evaluation plan pays particular attention to the assessment of results achieved because of UNICEF support: the effectiveness of the UNICEF contribution to the poverty reduction strategy and its monitoring system; the impact of intensive support in the "learning" districts; and the lessons for broader application of such models through the local government and sectoral reform programmes, and the national poverty reduction strategy.

Collaboration with partners

32. The formulation of UNDAF reinforced collaboration between UNICEF and other United Nations agencies. UNICEF participates in regular United Nations coordination and Donor Advisory Group meetings, as well as sector-specific donor coordination groups, and is currently chair of the United Nations theme group on HIV/AIDS. UNICEF will continue to seek partnerships with both multilateral and bilateral agencies to help create a wide coalition for children among key agencies present in country, such as the Governments of Norway, the United Kingdom, Sweden, Germany, Japan, Denmark, the United States, the Netherlands, France, Italy, Canada, Finland, Australia, New Zealand, as well as the European Union and others.

Programme management

33. Under the overall coordination of the President's Office Planning and Privatization, CPSC provides policy-level guidance for the programme. CPSC will provide advice on the development of national legislation and policies, ensure financial allocation from the national Government and UNICEF according to commitments, review issues pertaining to cash assistance to Government and supply issues, review overall progress of the programme, oversee fund-raising, and promote children's and women's rights.

34. CPSC will be supported by NTRC, which is chaired by the Director of Social and Human Resources Development in the President's Office Planning and Privatization. The multisectoral component programme teams will be chaired by key

ministries as follows: analysis, monitoring, communication and advocacy by the Ministry of Community Development, Women's Affairs and Children; decentralization and community development by the President's Office Regional Administration and Local Government; ECD by the Ministry of Health; the basic education and life skills for adolescents by the Ministry of Education and Culture; emergency preparedness and response by the Department of Disaster Management in the Prime Minister's Office; and Zanzibar by the Ministry of Finance and Economic Affairs.

35. While the subnational focus of the country programme will be under local authorities, focal points for coordination will be regional administrative secretaries at regional levels and district executive directors at district levels. At the ward level, coordination will be facilitated by the ward executive officer on the Mainland and the Sheha in Zanzibar. The programme will ensure that more than 80 per cent of programmable funds are allocated to and used effectively in the districts and communities to enhance the realization of children's and women's rights. To this end, UNICEF will continue to work with the Government to strengthen accountability mechanisms by reinforcing financial management capacity at district and lower administrative levels. The UNICEF team will adopt a task management approach using resource teams to manage assigned tasks with the objective of achieving defined outcomes within the context of an annual management plan.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

United Rep. Of Tanzania	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	165	(2000)	Very High U5MR
Infant mortality rate	104	(2000)	Very High IMR
GNP per capita	$ 260k*	(1999)	Low Income
Total population	32.8 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	691	883	1146	1379
Infant deaths (under 1)	(thousands)	89	94	117	143
Under-five deaths	(thousands)	151	155	187	228
Under-five mortality rate (per 1,000 live births)		218	175	163	165
Infant mortality rate (under 1) (per 1,000 live births)		129	106	102	104

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1991-92/1999)	Moderate & severe	29	29
	Severe	7	7
Babies with low birth weight (%, 1984)		14	..
Primary school children reaching grade 5 (%, 1990/1996)		79	81

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992/1999)	32	41
Timely complementary feeding rate (6-9 mos.) (%, 1992/1999)	59	64
Continued breast-feeding rate (20-23 mos.) (%, 1992/1999)	57	48
Prevalence of wasting (0-59 mos.) (%, 1991-92/1999)	6	5
Prevalence of stunting (0-59 mos.) (%, 1991-92/1999)	47	44
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	21
Household consuming iodized salt (%, 1999)	..	67

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1999)		..	55
Routine EPI vaccines financed by government (%, 1999)		..	10
Use of improved drinking water sources (% of population, 1990/2000)	Total	38	68
	Urban/rural	76/28	90/57
Use of improved sanitation facilities (% of population, 1990/2000)	Total	84	90
	Urban/rural	84/84	99/86
Births attended by trained personnel (%, 1991/1999)		44	36
Maternal mortality rate (per 100,000 live births, 1996)		..	530

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	75	90	85	96	87
	DPT	55	66	78	85	76
	Polio	46	64	78	80	74
	Measles	51	66	80	81	72
Pregnant women (%) immunized against:	Tetanus	35	37	65	71	78

* Data refer to mainland Tanzania only.

TABLE 1 (continued)

United Rep. Tanzania

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net)	Total	70/50	76/53
(%, 1990/1998, 1992/1999)	Male	70/49	77/51
	Female	69/51	76/55
Secondary enrolment ratio (gross/net)	Total	5/..	6/..
(%, 1990/1997)	Male	6/..	6/..
	Female	4/..	5/..
Adult literacy rate, 15 years & older	Total	63	75
(%, 1990/2000)	Male/female	76/51	84/67
Radio/television sets		196/ 2	280/ 3
(per 1,000 population, 1990/1997)			

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)	13756	18838	26043	34285	35119
Population aged 0-18 years	(thousands)	7290	10199	13974	17889	18258
Population aged 0-5 years	(thousands)	2666	3564	4791	5881	5974
Urban population (% of total)		6.7	14.6	20.3	30.4	31.4
Life expectancy at birth	Total	45	50	53	51	51
(years)	Male	44	48	51	50	50
	Female	47	52	54	52	52
Total fertility rate		6.8	6.7	6.1	5.3	5.3
Crude birth rate (per 1,000 population)		50	47	44	40	39
Crude death rate (per 1,000 population)		20	15	13	13	13

		About 1990	Most recent
Contraceptive prevalence rate		10	24
(%, 1991-92/1999)			
Population annual growth rate	Total	3.1	2.8
(%, 1970-80/1990-99)	Urban	8.8	7.5

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate		-0.7	0.7
(%, 1980-90/1990-99)			
Inflation rate (%, 1980-89/1990-98)		26	24
Population below $1 a day (%, 1990-99)		..	20
Household income share	Top 20%/bottom 40%	46/18	../..
(%, 1993)			
Government expenditure	Health/education	6/ 8	../..
(% of total expenditure, 1985)	Defense	16	..
Household expenditure	Health/education	1/ 5	../..
(% share of total, 1980 or 1985)			
Official development assistance:	$US millions	1155	998
(1990/1998)	As % of GNP	42	14
Debt service			
(% of goods and services exports, 1990/1997)		19	10

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: UNITED REPUBLIC OF TANZANIA
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 36,390,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Social policy, analysis, monitoring & evaluation	131	(56)	54	210	941	19	1,003	260	2,129	1,990	433	2,600	2,562	4,590
Health, nutrition, water, env. & sanitation	3,818	5,134	375	692	2,645	1,202	5,146	4,994	11,984	15,001	12,022	20,175	24,006	35,176
Basic education	94	340	424	321	1,101	938	1,352	3,195	2,971	4,915	4,794	6,750	7,765	11,665
Children's and women's rights	31	15	33	36	5	16	602	144	671	1,500	211	1,960	882	3,460
Community based programme	1,832	87	639	139	1,521	170	2,705	333	6,697	6,298	729	4,455	7,426	10,753
Zanzibar programme	342	47	0	0	436	22	642	54	1,420	2,845	123	1,810	1,543	4,655
Emergency programme	556	5,088	8	143	955	1,759	404	3,027	1,923	250	10,017	0	11,940	250
Programme support	393	0	30	0	3,293	173	1,537	358	5,253	3,591	531	2,250	5,784	5,841
GRAND TOTAL	**7,197**	**10,655**	**1,563**	**1,541**	**10,897**	**4,299**	**13,391**	**12,365**	**33,048**	**36,390**	**28,860**	**40,000**	**61,908**	**76,390**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: UR OF TANZANIA
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
ANALYSIS, MONIT., COMM. & ADV.	RR	800,000	800,000	800,000	800,000	800,000	4,000,000
	OR	500,000	500,000	500,000	500,000	500,000	2,500,000
	TOTAL	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	6,500,000
DECENTRALIZATION & COMM. DEV.	RR	1,600,000	1,600,000	1,600,000	1,600,000	1,549,000	7,949,000
	OR	1,500,000	1,480,000	1,500,000	1,500,000	1,494,000	7,474,000
	TOTAL	3,100,000	3,080,000	3,100,000	3,100,000	3,043,000	15,423,000
EARLY CHILDHOOD DEVELOPMENT	RR	1,351,000	1,325,000	1,320,000	1,315,000	1,310,000	6,621,000
	OR	7,000,000	7,000,000	7,000,000	7,000,000	7,000,000	35,000,000
	TOTAL	8,351,000	8,325,000	8,320,000	8,315,000	8,310,000	41,621,000
BASIC ED. & LIFE SKILLS FOR ADOL.	RR	1,300,000	1,275,000	1,270,000	1,270,000	1,265,000	6,380,000
	OR	8,500,000	8,500,000	8,500,000	8,500,000	8,500,000	42,500,000
	TOTAL	9,800,000	9,775,000	9,770,000	9,770,000	9,765,000	48,880,000
EMERGENCY PREP. & RESPONSE	RR	400,000	400,000	400,000	400,000	400,000	2,000,000
	OR	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
	TOTAL	3,400,000	3,400,000	3,400,000	3,400,000	3,400,000	17,000,000
ZANZIBAR	RR	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
	OR	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
	TOTAL	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
CROSS-SECTORAL COSTS	RR	1,094,000	1,162,000	1,172,000	1,177,000	1,238,000	5,843,000
	OR	500,000	520,000	500,000	500,000	506,000	2,526,000
	TOTAL	1,594,000	1,682,000	1,672,000	1,677,000	1,744,000	8,369,000
TOTAL, PROGRAMME BUDGET	RR	7,545,000	7,562,000	7,562,000	7,562,000	7,562,000	37,793,000
	OR	22,000,000	22,000,000	22,000,000	22,000,000	22,000,000	110,000,000
	TOTAL	29,545,000	29,562,000	29,562,000	29,562,000	29,562,000	147,793,000
STAFF COSTS a/		1,333,938	1,408,747	1,472,384	1,536,154	1,569,086	7,320,309
GENERAL OPERATING COSTS		356,151	357,124	392,187	381,187	392,187	1,878,836
TOTAL, ESTIMATE SUPPORT BUDGET		1,690,089	1,765,871	1,864,571	1,917,341	1,961,273	9,199,145
GRAND TOTAL		31,235,089	31,327,871	31,426,571	31,479,341	31,523,273	156,992,145

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : UR OF TANZANIA
PROGRAME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
ANALYSIS, MONIT., COMM. & ADV.	4,000,000		4,000,000	0	0	0	1	0	0	1	2	2	5	1,096,356	675,909	1,772,265
DECENTRALIZATION & COMM. DEV.	7,949,000		7,949,000	0	0	0	0	0	0	0	6	3	9	0	1,660,590	1,660,590
EARLY CHILDHOOD DEVELOPMENT	6,621,000		6,621,000	0	0	1	0	0	0	1	4	1	6	1,096,356	939,024	2,035,380
BASIC ED. & LIFE SKILLS FOR ADOL	6,380,000		6,380,000	0	0	1	1	0	0	2	2	0	4	2,089,813	410,840	2,500,653
EMERGENCY PREP. & RESPONSE	2,000,000		2,000,000	0	0	0	0	0	0	0	1	0	1	0	205,420	205,420
ZANZIBAR	5,000,000		5,000,000	0	0	0	1	0	0	1	1	3	5	993,457	532,268	1,525,725
CROSS-SECTORAL COSTS	5,843,000		5,843,000	0	0	0	1	1	0	2	3	16	21	1,773,263	2,313,745	4,087,008
TOTAL RR	37,793,000		37,793,000	0	0	2	4	1	0	7	19	25	51	7,049,245	6,737,796	13,787,041
OTHER RESOURCES :																
ANALYSIS, MONIT., COMM. & ADV.		2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
DECENTRALIZATION & COMM. DEV.		7,474,000	7,474,000	0	0	0	0	0	0	0	1	5	6	0	806,161	806,161
EARLY CHILDHOOD DEVELOPMENT		35,000,000	35,000,000	0	0	0	3	0	0	3	4	1	8	2,980,371	848,747	3,829,118
BASIC ED. & LIFE SKILLS FOR ADOL		42,500,000	42,500,000	0	0	0	0	1	1	2	7	2	11	1,369,083	1,709,954	3,079,037
EMERGENCY PREP. & RESPONSE		15,000,000	15,000,000	0	0	0	1	1	0	2	3	1	6	1,773,263	688,183	2,461,446
ZANZIBAR		5,000,000	5,000,000	0	0	0	0	0	0	0	1	0	1	0	205,420	205,420
CROSS-SECTORAL COSTS		2,526,000	2,526,000	0	0	0	0	0	0	0	0	3	3	0	255,048	255,048
TOTAL OR		110,000,000	110,000,000	0	0	0	4	2	1	7	16	12	35	6,122,717	4,513,513	10,636,230
TOTAL RR & OR	37,793,000	110,000,000	147,793,000	0	0	2	8	3	1	14	35	37	86	13,171,962	11,251,309	24,423,271
SUPPORT BUDGET	Operating costs Staffing		1,878,836	0	1	2	1	1	0	5	2	14	21	5,185,359	2,134,950	7,320,309
GRAND TOTAL (RR + OR + SB)				0	1	4	9	4	1	19	37	51	107	18,357,321	13,386,259	31,743,580
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)									19 19	23 37	48 51	90 107	18,357,321	13,386,259	31,743,580

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.